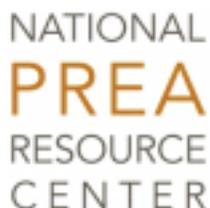


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> Mat-Su Youth Facility			
<b>Physical Address:</b> 581 Outer Springer Loop Rd. Palmer, AK. 99645			
<b>Date report submitted</b>			
<b>Auditor information G. Pete Zeegers</b>			
<b>Address</b>		6302 Benjamin Road, Tampa, FL 33634	
<b>Email:</b>		<a href="mailto:pete.zeegers@us.g4s.com">pete.zeegers@us.g4s.com</a>	
<b>Telephone number:</b>		863-441-2495	
<b>Date of facility visit</b>		2/12-2/13/15	
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b> 907-746-1630			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other: Residential Treatment Facility
<b>Name of PREA Compliance Manager:</b> Ben Froehle		<b>Title:</b>	Unit Supervisor
<b>Email Address:</b>		Ben.Froehle@alaska.gov	<b>Telephone Number:</b> 907-746-1630
<b>Agency Information</b>			
<b>Name of Agency:</b>		State of Alaska Department of Health & Social Services – Division of Juvenile Justice	
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i>			
<b>Physical Address:</b> 240 Main St, Suite 701 Juneau, Alaska, 99811			
<b>Mailing Address:</b> <i>(if different from above)</i>		Same	
<b>Telephone Number:</b>		907-465-2212	
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Karen Forrest		<b>Title:</b>	Director
<b>Email:</b> Karen.Forrest@alaska.gov		<b>Telephone Number:</b>	907-456-2212
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> Matt Davidson		<b>Title:</b>	Statewide PREA Coordinator

## **AUDIT FINDINGS**

### **NARRATIVE:**

The Mat-Su Youth Facility is a co-ed, 15-bed secure detention program operating within a Restorative Justice framework, emphasizing public safety, restoration of victims and communities, and youth competency development (including social skills, Criminal Thinking Errors and substance abuse prevention classes), located in Palmer, Alaska. It was opened in 2000. The community's participation in the facility's work continues through its Citizens Advisory Board and strong partnerships with organizations such as the Mat-Su Borough School District, the Mat-Su Agency Partnership, and the Community Justice Coalition, among others.

A variety of community service projects are ongoing within the facility which include stuffing envelopes for nonprofits, baking doggie treats for the local animal shelter, assembling Raise-A-Reader packets (reading promotion) given to newborn mothers at the local hospital, and crocheting hats and scarves for the local women shelter. A modest-sized greenhouse facilitates agrarian skills development and produces vegetables and flowers for donation to the local senior center throughout the summer months.

A lack of indoor exercise space continues to challenge the creative minds of staff and teachers alike in their quest to provide large-muscle group exercise within MSYF during the winter months.

The facility also provides supervision of institutionalized youth being released back into the Mat-Su valley via the Transitional Services Unit component. The Mat-Su Youth Facility started a Community Detention program, run out of space provided by the Mat-Su Boys and Girls Club in Wasilla. The program, begun in 2011, is designed to teach the Prime for Life substance abuse prevention curriculum as well as social skills to half a dozen Mat-Su youth who are on the cusp of being detained. Community Work Service is also a key element in this program which has been aided by the Mat-Su Borough Parks and Outdoor Recreation Division, the Palmer Senior Center, and the Mat-Su Boys and Girls Club. The long term goal for this program is to keep kids from entering the Mat-Su Youth Facility Detention Unit.

The program has an on-grounds school that is accredited by the Mat-Su Borough School District. The length of stay varies with an average of 30 days. The facility employs 17 full-time staff and 1 part-time Nurse.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff.

An on-site PREA Audit was conducted on February 12<sup>th</sup> and 13<sup>th</sup>, 2015. The entrance meeting was attended by Peter Harrison, Superintendent, Ben Froehle, Facility PREA Coordinator, Robert Ruddy, McLaughlin Youth Center Superintendent I, and Pete Zeegers, PREA Auditor. The on-site audit work plan

was discussed, random samples of youth and staff were selected, and specialized staff were identified. Also, additional pre-audit information was obtained.

There was one PREA-related youth on youth allegation made in the previous 12 months. The allegation was unsubstantiated.

Interviews were conducted with the Agency Director, the statewide PREA Coordinator, the Mat-Su Superintendent, the Facility PREA Compliance Manager, Intake staff, the nursing supervisor, Mental Health staff, custody staff randomly selected from each of the three shifts in this facility, and 10 randomly selected youth.

On the days of the on-site audit fifteen youth were housed in the facility. No youth had reported during the intake process previous physical or sexual abuse. No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, questioning, or gender nonconforming during the intake process. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and the group viewing the 10 day PREA education video. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

A tour of the facility was conducted by Superintendent Harrison. The facility is clean, in good repair, and well maintained. The front door is secured from the outside. One must identify one's self and is escorted into the front lobby area. To the right side of Master Control is an office area housing State of Alaska Probation Officers. There is a Sally Port and an intake area that has camera surveillance capabilities. There are two living areas which exit on the other side of Master Control. One living area has four rooms housing one youth with toilets in each room. There is a bathroom with two showers with a wall separating them. There is also a handicapped bathroom equipped with a toilet and shower. The other living area has ten rooms, each housing one youth. Each room there also has a toilet. The showers are at the far end of the dorm area. This bathroom has two showers and a toilet. The showers each have a door for privacy. There is also a laundry room that does not have a camera. Youth help with the laundry details. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. There is a kitchen and dining room area in the back part of the Main Building with a pantry connected. The hallway leading to kitchen and Education area does not have a camera. Lunch and Dinner meals are contracted out by the program. A secure door at the far end of the kitchen area leads to a spacious recreation area within the fenced facility. This area includes a basketball court. There are exercise machines indoors for large muscle activities when the weather is too extreme.

There are 28 cameras located at this facility. There is a Master Control area that is manned 24 hours a day which monitors the multiplexors. Mr. Harrison agreed that the facility had two blind spot in laundry

room and hallway leading to Kitchen and Education area. He had already targeted two additional cameras to cover these “blind spots”. The cameras have arrived and are scheduled to be put in place.

The PREA Audit notice was posted on the bulletin boards in the main hallway on walls in the main lobby area and various hallways, as well as copies of the Alaska PREA brochure (this is the same brochure given to youth during the intake process as well). Posters containing the PREA hotline are prominently posted in the main lobby area and hallways, as well. The Victim Advocate number posted as well.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 5

Number of standards met: 29

Number of standards not met: 0

Number of standards N/A: 7

### **§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility.

The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

The agency has designated a corporate manager as the PREA Coordinator. He is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility has a PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility's compliance with the PREA standards.

### **§115.312 - Contracting with other entities for the confinement of residents**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

This standard is N/A.

### **§115.313 - Supervision and monitoring**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility has a staffing plan worksheet in place and held a meeting with documentation that includes all elements of the standard.

Although the ratio requirement of 115.313(c) is not applicable until October 1, 2017, the facility maintains a waking hours ratio of 1:5.

The facility has initiated the practice of unannounced rounds with documentation in place. Staff interviews confirmed the practice.

### **§115.315 – Limits to cross-gender viewing and searches**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency allows for pat-down searches in exigent circumstances though the facility does not conduct cross-gender strip searches, visual body cavity searches, or cross-gender pat-down searches, even in exigent circumstances. Facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff and youth interviews.

There are toilets in the youths' rooms with all separate showers having doors for privacy. When the youth need to use the bathroom during daily scheduled activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. There are no cameras that show the shower area.

The facility has initiated the practice of staff announcing their presence when entering a housing unit. There are boys and girls could be living in the same dorm area.

### **§115.316 – Residents with disabilities and residents who are limited English proficient**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

There were a few elements of the standard not in the policy during the on-site audit. The policy now has all elements of the standard in place. Policy prohibits the use of resident translators, resident

readers, or other types of resident assistance. Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services.

### **§115.317 – Hiring and promotion decisions.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency conducts extensive background checks and reference checks with multiple entities. These are done in their entirety once every five years.

Policy addresses all of the elements of this standard.

### **§115.318 – Upgrades to facilities and technology.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

This standard is N/A as there have been no upgrades to facility or technology.

### **§115.321 – Evidence protocol and forensic medical examinations.**

#### **Overall Determination**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

The State of Alaska had been conducting administrative investigations during the on-site audit. There were several elements of the standard that did not meet PREA requirements. The Statewide PREA Coordinator changed the policy and procedure to where the facilities do not conduct criminal or administrative investigations. The former are conducted by Alaska Office of Children's Services, and, if need be, the Alaska State Troopers. These elements of the standard are N/A.

Forensic medical exams, when needed, would be conducted at “The Children’s Place” in Wasilla, AK, at no cost to the resident.

The facility has an MOU with the “Alaska Family Services”.

### **§115.322 – Policies to ensure referrals of allegations for investigations.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Facility policy ensures that an administrative/criminal investigation is completed, as required. The Alaska Division of Juvenile Justice requires that all allegations which are criminal in nature are reported to the Alaska State Troopers.

There was one PREA-related youth on youth allegations made in the previous 12 months. The allegation was unsubstantiated.

### **§115.331 – Employee Training**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

All current staff have completed both facility and Alaska Division of Juvenile Justice PREA Training which includes all of the required topics. This training is specific to youth who are referred to this facility. Refresher training is provided to the staff. Staff also review and sign the PREA Acknowledgement and Notification form. Staff interviews confirmed the practice.

### **§115.332 – Volunteer and contractor training.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

At the time of the on-site audit, volunteers and contractors had not completed the PREA training. At this time all volunteers and contractors have taken the training. The policy is now in compliance with the standard.

**§115.333 – Resident education.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy is in place. Initial resident education is provided during the intake admission process. Residents are provided a PREA pamphlet and additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility, when the youth view the 10 day PREA educational video.

Posters displaying the phone number for the PREA Hotline number are visible to youth and staff in the hallways and main lobby area. There is a specific phone in the staff area that is used to call a direct line for PREA allegations for youth and staff. The youth can also call victim advocates, “Alaska Family Services Center.”

Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.

**§115.334 – Specialized training: Investigations.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The State of Alaska had been conducting administrative investigations during the on-site audit. There were several elements of the standard that did not meet PREA requirements. The Statewide PREA

Coordinator changed the policy to where the facilities do not conduct Criminal or Administrative investigations. This standard is N/A.

### **§115.335 – Specialized training: Medical and mental health care.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Medical and Mental Health staff received specialized medical training provided through the State of Alaska. The facility does not conduct forensic medical exams.

Assigned as a part-time staff, the Nurse also receives the same PREA training as other staff. There is a Mental Health professional that is assigned to this facility by the State of Alaska Division of Juvenile Justice. She works at this facility one day a week, or as needed. She has also completed the PREA training.

### **115.341 – Obtaining information from residents.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

The State of Alaska implemented the use of a new Assessment, Checklist, and Protocol for Behavior and Risk for Victimization and Screening Instrument on January 9<sup>th</sup>, 2015. At the time of the audit none of the Assessments had been completed on the ten admissions entering after January 9<sup>th</sup>. All assessments were completed while the auditor was on site. As well, since the audit, all new admissions into the facility have had the assessment completed within a 24 hour period. The Assessment meets all PREA requirements of the standard. Policy states that this screening is to be conducted for all youth who enter the facility within 72 hours. The screening consists of both youth interview questions and staff review of collateral information. The facility is now in compliance with the standard.

Youth are assessed annually, except if a youth makes an allegation of sexual abuse or harassment, the entire screening is re-conducted.

Agency policy and procedure allows all staff to see youth information on the Juvenile Offender Management Information System, (JOMIS).

### **115.342 – Placement of residents in housing, bed, program, education, and work assignments.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy in place. The current housing classification system is based primarily on availability as the facility has limited space. Screening, assessment, and collateral information gathered during the intake process is used to place youth in an area of the dorm that best ensures each youth's safety and security.

Education and treatment are provided in an area of the main building.

The facility does not utilize isolation in any form.

Although there were no lesbian, gay, bisexual, transgender, questioning, or intersex youth in the program during the audit, facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth's safety is paramount in making these assignments, regardless of other issues.

### **115.351 – Resident reporting.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment and retaliation by residents or staff. All youth identified the reporting numbers for the state agencies listed on the posters in the hallway, as being one means of reporting. There is a phone in the staff office that specifically calls the Statewide PREA Hotline. The youth also stated that they can confide in a staff member, tell a family member, or tell their Probation Officer. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas.

Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the statewide PREA hotline.

### **115.352 – Exhaustion of administrative remedies.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

This standard is N/A. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.

**115.353 – Resident access to outside support services and legal representation.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility currently has an MOU with the “Alaska Family Services” to provide victim advocate and supportive services to youth upon request.

Posters containing the statewide PREA Hotline numbers are prominently posted in the hallways and lobby area. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports. Each youth has a primary Probation Officer who can access outside support services upon request of the youth.

Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored.

Youth interviews confirmed that those residents who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed to make phone calls to family members.

**115.354 – Third-party reporting**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility uses the Alaska Office of Children’s Services Hotline for this purpose and informs parents and guardians that they could call this number to make a report. Agency policy is in place.

**115.361 – Staff and agency reporting duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All staff are mandated child abuse reporters and receive appropriate training on when and how to report to OCS. Facility policy requires all staff to also report any retaliation against youth or staff who made a report.

Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an “as needed” basis in order to make treatment and related decision.

Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

**115.362 – Agency protection duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.

**115.363 – Reporting to other confinement facilities.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Alaska law requires mandated reporters to report such an allegation to the Alaska Office of Children’s Services.

**115.364 – Staff first responder duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.

**115.365 – Coordinated response.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility has a detailed coordinated response plan that also includes a First Responder protocol and First Responder Check List that ensures the highest level of coordination amongst and between the various participants.

**115.366 – Preservation of ability to protect residents from contact with abusers.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Bargaining Agreements defined in the standard are in place and have the required verbiage.

**115.367 – Agency protection against retaliation.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

At the time of the on-site audit, the agency policy did not meet full requirement with pertinent verbiage. The policy has been corrected and is in place. There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.

Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy.

**115.368 – Post-allegation protective custody.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

This is N/A. The facility does not utilize any form of segregated housing.

**115.371 – Criminal and administrative agency investigations**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

This standard is N/A. The facility does not conduct any administrative or criminal investigations. The State of Alaska had been doing investigations during the on-site audit. There were several elements of the standard that did not meet PREA requirements. The Statewide PREA Coordinator changed the policy to where the facilities do not conduct Criminal or Administrative investigations.

### **115.372 – Evidentiary standards for administrative investigations**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

### **115.373 – Reporting to residents.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Facility policy requires the Unit Supervisor to inform the resident who made the allegation of the outcome, as required by the standard, unless the allegation is unfounded.

### **115.376 – Disciplinary sanctions for staff.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Although there were no staff violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

### **115.377 – Corrective action for contractors and volunteers.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

**115.378 – Disciplinary sanctions for residents**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency policy meets all elements of this PREA standard. Residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

**115.381 - Medical and mental health screenings; history of sexual abuse**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Facility policy complies with all elements of the standard. There were no youth who reported prior sexual victimization upon intake. Policy states that youth would receive the screenings within seven days of intake. PREA standard states fourteen days.

Interviews with medical staff confirmed that services would be provided, if requested by a youth.

Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis.

Youth interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.

### **115.382 - Access to emergency medical and mental health services**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it.

Although there were no resident victims of sexual abuse during the prior 12 months, facility policy requires that the resident victim be provided with information regarding STD prophylaxis. Medical staff reported that this would also be provided at the hospital.

### **115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Although there were no resident victims of sexual abuse at the facility during the prior 12 months, facility policy requires any resident victim be provided with ongoing medical and mental health services that are needed.

### **115.386 – Sexual abuse incident reviews**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard):**

There was one PREA-related youth on youth allegation made in the previous 12 months. The allegation was unsubstantiated. The Sexual Abuse Incident Review was completed within 30 days of the findings. The forms met all required elements of the standard.

### **115.387 – Data collection**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.

### **115.388 – Data Review for Corrective Action**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency has conducted its annual review under this standard of the 2014 data.

### **115.389 – Data Storage, Publication, and Destruction**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency meets the requirements of this standard with a website where the public may access the agency's data reports and corrective actions through the Alaska Division of Juvenile Justice.

### **AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Garret Leegers*

3/12/15

Auditor Signature

Date